

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

041686, C41

FILING DATE

10-25-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57	/					
8		/					58		/				
9		/					59		/				
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
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19		/					69						
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33		/					83						
34		/					84						
35		/					85						
36		/					86						
37	/						87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	53						TOTAL DEP.						
TOTAL CLAIMS	59						TOTAL CLAIMS						